



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : **Confirmation No. 4043**
Terumoto AKATSUKA : Docket No. 2001_1189A
Serial No. 09/936,322 : Group Art Unit 2817
Filed January 14, 2002 : Examiner Arnold M. Kinhead

MULTI-BAND VOLTAGE-CONTROLLED
OSCILLATOR

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975

Sir:

In response to the Office Action of September 29, 2003, please amend the above-identified
U.S. Patent application as follows:

12/18/2003 CNGUYEN 00000112 09936322

01 FC:1202

108.00 OP



2817\$
Image

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Terumoto AKATSUKA : Atty Docket No. 2001_1189A
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PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
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Alexandria, VA 22313-1450

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ACCOUNT NO. 23-0975

Sir:

Attached hereto is a check in the amount of \$108.00 to cover Patent Office fees relating to filing the following attached papers:

Additional Claims Fee Transmittal Letter

Excess of Twenty \$108.00

A duplicate copy of this paper is being submitted for use in the Accounting Division, Office of Finance.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Terumoto AKATSUKA

By David M. Ovedovitz
David M. Ovedovitz
Registration No. 45,336
Attorney for Applicant

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December 17, 2003

[Check No. 59268]

2001_1189A



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OSCILLATOR

ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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ACCOUNT NO. 23-0975

Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY		LARGE ENTITY
Total Claims exceeding 20 (not already paid for): 6 x	(\$ 9 = \$)	or	(\$18 = \$108.00)
Indep. Claims exceeding 3 (not already paid for): x	(\$43 = \$)	or	(\$86 = \$)
<input type="checkbox"/> Multiple Dep. Claim(s) (if there previously were none): +	(\$145 = \$)	or	(\$290 = \$)
Total Additional Fee =	<u>\$</u>	or	<u>\$108.00</u>

☐ Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
☐ is enclosed or
☐ has been previously submitted.

☒ A check in the amount of \$108.00 is enclosed.

- [] Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

Respectfully submitted,

Terumoto AKATSUKA

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